1. PLACE OF BIRTH BUREAU OF	E BOARD OF HEALTH F VITAL STATISTICS ERTIFICATE OF BIRTH	State File No. 2	Y TO THE PARTY OF
County Lla	State		
District or Township entral High	6 or Village		l tak
City No. (If birth occurred	in a hospital of institution, give its NAI	St., Ward  SE instead of street and number)  If child is not yet named, make supplemental report, as directed.	
	other 6. Legitimate? 7. Date	May 30 1931	
8. Full name William Collins	14. Mo	Waerkers !	2
9. Residence (Usurl place of about)  If non-resident, give place and state.	ib. Residence (Usual place of abode)  If non-resident, give place and	miani an	<b>6</b> .
10. Golor of race  11. Acq at last birthda 2 3 Ye	16. Folor or race	ge at last birthday 19 (Years)	
12. Birthplace (city or place)	18. Birthplace (city of place) (State or country)	ora	and the second second
13. Occupation  Nature of industry  Out 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	19. Occupation Nature of Industry	8	
20. Number of children of this mother		re precaution taken against oph- nia neonatorym?	
CERTIFICATE OF ATTE	ENDING PHYSICIAN OR MIDWIFE	A.m. on the date above stated.	
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	Thorn slive or stillborn	(Physician or midwife.)	
Given name added from a supplement report Month, day, year  Registrar.		Wykling kan	
232-530-242	en e		्र प्रशिक्षकच्या १०००

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